

COUNTY OF BERWICK.

ANNUAL REPORT

ON THE

Medical Inspection and Supervision
of School Children,

BY

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SCHOOL MEDICAL OFFICER,


FOR THE

Year Ending 31st JULY, 1922.

BERWICK-ON-TWEED :

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COUNTY OF BERWICK EDUCATION AUTHORITY.

I.—LIST OF STAFF.

So far as the permanent staff is concerned, no changes fall to be recorded during the school year, but consequent on a letter dated 4th May, 1921, from the Board of Health to the Authority intimating that additional medical assistance was necessary, it was arranged that general medical practitioners be asked to undertake the medical examination of pupils in the Chirnside, Coldstream, Eyemouth, Greenlaw, Gordon, Lauder, Duns and Berwickshire High Schools, in order that my time might be freed to organise and administer a scheme of medical treatment as desired by the Board. In the same letter the Board of Health noted that an additional male clerk had been appointed in order that the nurses and myself be relieved from all unnecessary clerical work. No clerk has been appointed, with the result that the time of the Health Visitors and myself at night has been taken up with what should be relegated to a clerk.

II.—NUMBER OF SCHOOLS, AND CHILDREN ON ROLL.

(a) The total number of schools in the County under medical supervision is 51.

(b) The number of children on the register in the County is 4,253, and the average attendance 3,723.

III. and IV.—NUMBER OF VISITS TO SCHOOLS.

The total number of visits paid by me to schools for the year under review was 120 of which 52 were visits for the purpose of systematic examination in accordance with the scheme of inspection, and 62 for other purposes. This is a considerable reduction from the number of visits paid last year, but time did not permit more, and a considerable number of the visits were paid really in connection with infectious disease administration, tuberculosis, etc.

The two Health Visitors paid 218 visits to schools, 629 visits to homes; they attended 23 Eye Clinics, and gave 103 talks to children on subjects of elementary hygiene. In connection with cases arising out of the medical inspection they escorted 3 to hospital for the purpose of treatment there.

V.—SANITARY CONDITION OF SCHOOLS.

During the year action was taken or advice given in the following instances :—

1. Report on Water Supply to Mertoun School.
2. Report on proposed water supply to Legerwood School.
3. Report on proposed water supply to Eccles School.
4. Report on proposed water supply to Nenthorn School.
5. Report on the insanitary water closet in Allanton Schoolhouse.

VI.—The organisation and administration of the School Health Scheme for this County was fully detailed on page 7 of my last Report.

VII.—The classes of children medically inspected in the school year 1921-22 were :—

- (1) All children just entered school ("entrants").
- (2) All children born on or between 1st August, 1908, and 31st July, 1909 ("leavers").
- (3) All others whom the teachers wished seen ("non-routines" or "specials").

NUMBERS INSPECTED—

						Boys.	Girls.	Total.
Entrants	...	...	...	...	...	250	227	477
Leavers ...	...	...	...	...	...	233	199	432
Non-Routines	...	...	...	...	...	264	298	562
TOTAL	...	...	...	...	...	747	724	1471

NUMBERS NOTIFIED TO PARENTS AS

SUFFERING FROM ONE OR MORE DEFECTS	63	99	162
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DETAILS OF DEFECTS INTIMATED—

Dirty or Verminous Clothing	2	0	2
Dirty or Verminous Head	7	26	33
Enlarged Tonsils ..	...	...	...	...	...	5	7	12
Nasal Obstruction	...	...	...	...	...	7	4	11
Defective Vision...	...	...	...	...	...	21	41	62
External Eye Conditions	...	...	...	...	...	21	23	44
Defective Hearing	...	...	...	...	...	3	0	3
Ear Discharge	...	...	...	...	...	0	0	0
Other Conditions	...	...	...	...	...	11	13	24
Defective Teeth	...	...	...	...	...	3	1	4

						Percentages.		
						Boys.	Girls.	Total.
LYMPHATIC GLANDS—						Boys.	Girls.	Total.
Palpably Enlarged	...	...	71	63	134	14.7	14.7	14.7
Markedly Enlarged	...	...	10	3	13	2.07	1.1	1.4
Suppurating	...	...	...	...	...	...	...	...
Cicatrices	...	...	...	2	2	...	.4	.2
EXTERNAL EYE DISEASES—								
Blepharitis	...	...	3	9	12	.6	2.1	1.3
Conjunctivitis	...	...	...	...	...	...	...	...
Corneal Opacities	...	...	1	1	2	.2	.2	.2
Strabismus	...	...	4	2	6	.8	.4	.6
Other Diseases	...	...	...	2	2	...	.4	.2
VISUAL ACUITY*—								
Good Vision 6/6	...	...	209	146	355	87.5	75.2	82.0
Fair Vision 6/9 and 6/12	...	...	21	44	65	8.7	22.61	15.0
Bad Vision 6/18 or Worse	...	...	9	4	13	3.8	2.09	3.0
*Children are classified according to their “working vision” with better eye.								
Entrants were not examined for vision, and figures refer to examination of 239 boy and 194 girl leavers.								
EARS—								
Otorrhœa	...	...	...	2	2	...	.4	.2
Wax	...	...	...	...	...	...	...	...
Other Diseases	...	...	...	2	2	...	.4	.2
HEARING—								
Slightly Deaf...	...	...	6	3	9	1.2	.7	.9
Markedly Deaf	...	...	...	4	4	...	.8	.4
SPEECH—								
Defective Articulation	...	...	6	...	6	1.2	...	.6
Stammering	...	...	2	...	2	.4	...	.2
MENTAL CONDITION—								
Dull or Backward	...	...	15	6	21	3.1	1.4	2.3
Mentally Defective	...	...	1	2	3	.2	.4	.3
HEART AND CIRCULATION—								
Organic Disease	...	...	4	3	7	.8	.7	.7
Functional Disease	...	...	...	1	1	...	.2	.1
Anæmia	...	...	7	12	19	1.4	2.8	2.0
LUNGS—								
Chronic Bronchitis	...	...	...	...	...	...	...	...
Tuberculosis...	...	...	1	1	2	.2	.2	.2
Tuberculosis Suspected	...	...	2	...	2	.4	...	.2
Other Diseases	...	...	...	...	...	...	...	...
NERVOUS SYSTEM—								
Epilepsy	...	...	...	...	...	...	...	...
Chorea	...	...	...	...	...	...	...	...
Infantile Paralysis	...	...	1	...	1	.2	...	.1
Other Diseases	...	...	1	3	4	.2	.7	.4

				Boys.	Girls.	Total.	Percentages.		
TUBERCULOSIS (Non-Pulmonary) —							Boys.	Girls.	Total.
Glandular	...	...	...	1	1	2	.2	.2	.2
Bones and Joints	...	...	...	...	...	...	...	...	...
Abdominal	...	...	...	...	...	...	...	...	...
Skin...	...	...	...	...	...	...	...	...	...
Other Forms	...	...	...	...	...	...	...	...	...
RICKETS—									
Slight	...	...	...	...	...	...	...	...	...
Marked	...	...	...	...	...	...	...	...	...
DEFORMITIES	...	...	...	29	14	43	6.0	3.2	4.7
OTHER DISEASES OR DEFECTS				10	9	19	2.07	2.1	2.09
CONDITIONS NOTED IN NON-ROUTINES OR SPECIALS—									
Clothing Insufficient	...	...	...	...	...	...	...	...	...
Boots Insufficient	...	...	...	...	...	2	...	...	2
Head Dirty with Nits or Vermin	...	...	...	...	...	8	39	...	47
Body or Clothing Dirty	...	...	...	...	...	1	...	...	1
Impetigo...	...	...	...	...	...	7	5	...	12
Neglected	...	...	...	...	...	1	...	...	1
Necessitous	...	...	...	...	...	5	1	...	6
Nutrition Bad	...	...	...	...	...	5	9	...	14
Teeth Defective	...	...	...	...	...	12	12	...	24
NOSE AND THROAT	{	Mouth Breathing	...	...	...	5	1	...	6
		Enlarged Tonsils	...	...	...	7	5	...	12
		Adenoids	...	...	...	4	...	...	4
		Enlarged Glands	...	...	...	1	2	...	3
EXTERNAL EYE DISEASE	{	Other Conditions	...	...	...	1	...	...	1
		Squint	...	...	...	2	15	...	17
Eyesight	{	Other Disease	...	...	...	4	6	...	10
			...	...	...	20	38	...	58
Ear Disease	...	...	...	...	...	3	3	...	6
Hearing Defective	...	...	...	...	...	5	5	...	10
Speech Defective	...	...	...	...	...	5	1	...	6
*MENTAL CONDITION	{	Backward	...	...	...	22	11	...	33
		Possibly Defective	...	...	...	6	6	...	12
Organic Disease of Heart	...	...	...	...	...	...	...	...	...
Anæmia	...	...	...	...	...	1	5	...	6
Nervous Affections	...	...	...	...	...	...	...	...	...
Tuberculosis of Lungs	...	...	...	...	...	1	3	...	4
Tuberculosis of Glands	...	...	...	...	...	1	...	...	1
Deformities	...	...	...	...	...	4	2	...	6
Ringworm and Favus	...	...	...	...	...	4	2	...	6
Other Defects	...	...	...	...	...	15	15	...	30
Etc.	...	...	...	...	...	140	142	...	282
						292	328	...	620
Children examined for above number				...	...	264	298	...	562

*The numbers examined by Dr. Clark are not included in these figures.

In addition, the two Health Visitors examined--mainly for cleanliness--2977 children, of whom 354 had dirty or verminous heads or bodies. Out of that number 129 intimations were sent to parents and 49 children were excluded,

Reference to the fore-going figures will show the particular importance of the non-routine examinations, *i.e.*, examinations at school when no previous notice is given, in bringing under observation neglected and defective children. At the routine examinations children who are ill or convalescent are necessarily at home, as also are many children who most require attention.

The special surveys also have been the means of finding defective children at home who have never been to school at all.

While these surprise visits are most valuable, they throw a good deal of additional work on the teachers, and I should like to take this opportunity of expressing my indebtedness to them for their willingness in undertaking all services asked of them when the health and welfare of the children are concerned. I have not approached any headmaster or teacher with a request for help which has not been freely given.

Only in the case of eye diseases or defects has it been possible to give the numbers^a medically or otherwise attended to. With the additional work that has been carried through this year it was found impossible to get over all the schools again at the close of the session. Even in an ordinary school year the entire work must be practically completed before the end of May, as so many farm workers' families change farms then that it is almost the end of the session before the headmasters of the schools to which children have removed can obtain the medical inspection cards from the previous headmasters.

This year, in one rural area alone, out of 185 farm workers' families no fewer than 70 removed at the term.

The following notes will prove of interest.

CLEANLINESS.

I reported very fully upon this condition in my last year's report, and gave expression to my disappointment that so large a percentage of children should still be in such a verminous condition. It will be noted from the figures dealing with cleanliness of the head that the conditions of dirt, nits, and vermin, are statistically treated separately, but it should not be forgotten that the word "nits" is merely the technical term for the eggs of lice, so that a child with nits in his or her hair may

^aThese numbers are given later on in the paragraph on Medical Treatment.

not have one single louse, and yet a few days afterwards the head may be swarming with vermin. All children with nits should therefore be treated exactly in the same manner as those with live vermin.

There is a tendency amongst a very large section to treat the occurrence of nits in a girl's head as something that is unavoidable. In a number of houses, with their condition of overcrowding and total lack of the sanitary conveniences of life it is very difficult to prevent such a condition and to cure it when it does arrive, but over the great majority of houses the occurrence of nits in the hair should be looked upon as a disgrace, and the condition due to improper supervision or neglect at home.

On referring back to my first two Reports for the years ending 31st July, 1912, and 31st July, 1913, I find that the proportion of actually verminous heads was very much the same as it is now, but in those days I found nearly 60 per cent. of the senior girls alone had nits in a greater or less degree, while from 40 to 53 per cent. of the infant girls had the same condition. Reference to last year's Report will show that the total number of girls with nits had fallen to 12.3 per cent., while this year the figure was raised to 19.9 per cent. These figures refer only to the routine examinations. When the non-routine examinations are taken into account, we find that in addition to this number, 354 children were dirty or verminous, of whom 49 were excluded and 129 were intimated.

While the condition now-a-days would not appear to be so prevalent as in 1911 and 1912, yet it is far too prevalent, and indeed its prevalency constitutes a disgrace to the county. Mothers who do look after their children have just reason to be annoyed when their children at the end of the week show heads full of nits or even more.

The only feasible action that can be taken against this condition in the meantime is for the Health Visitors to keep under supervision those schools which are affected, but that is almost a hopeless task when so much of their time is taken up in clerking. In the interests of the children that time ought to be spent in the schools. In some schools, if any good were to be done, and cases with nits discovered before they reached an infective stage, inspections should be made every fortnight, or even weekly, but as I have just said, that is out of the question with the time that is available.

TEETH.

I reported last year on this question. Since then a proposed joint scheme for the dental treatment of school children, in combination with Roxburgh, was considered by the Authority, but not adopted.

In a draft memorandum sent by the Roxburgh Education Authority, it said :—

“Such a scheme would ensure that in less than a decade it would be the exception for a child to leave school with an unsound set of teeth. The enormous value of such a desirable condition of affairs, to the individual and to the State, need hardly be elaborated.”

The estimated cost of the scheme, approximately £400 per annum, would more than repay itself within that space of time by the saving in cost to the tuberculosis scheme of the County alone.

In the insurance world, the part played by dental decay in inducing disease has been early recognised by the Approved Societies, and no fewer than 534 Societies* are now adopting dental treatment. With dental decay on such a widespread scale as it is in this country, any dental treatment given by the Societies, however, must be extremely limited in amount, and just as a very large proportion of the disbursements by these Societies for sickness and disability benefit are known to be initially caused by dental disease, so the institution of dental treatment for adults will prove the speediest means of bringing home both the financial as well as the social advantages of securing to all children leaving school a set of teeth free from dental decay.

The Superintendent of a sanatorium to which a number of Berwickshire patients are sent, told me only recently that half the cases admitted had septic mouths, and that rendering their mouths clean was the first step in treatment. If a large number of these cases had had their mouths clean and free from dental decay on leaving school, in all probability they would not have fallen victims to consumption at all.

MENTAL CONDITION.

Under Section 2 of the Mental Deficiency and Lunacy (Scotland) Act, 1913, it is the duty of the Education Authority to make arrangements—subject to the approval of the Scottish Education Department—for ascertaining what children within their area are defectives within the meaning of the Act, and for ascertaining which of such children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in special schools or classes, or of receiving such instruction without detriment to the interests of the other children and for notifying to the Parish Council and the General Board of Control the names and addresses of such children.

*The Scottish Rural Workers' Approved Society advertises as an inducement for prospective members increased rates of sickness and disablement benefits, in addition to other benefits being arranged, viz., dental treatment, etc.

The Act classifies mentally defective children as idiots, imbeciles, feeble-minded persons or moral imbeciles. The children included in the first two of these classes, *viz.*, idiots and imbeciles, are not capable of receiving benefit without detriment to the interests of other children, and are therefore handed over to the care of the Parish Council, but as the feeble-minded children and the moral imbeciles may be taught to look after themselves and earn a part or even the whole of their living, they remain in the care of the Education Authority, but owing to the hindrance they constitute to the progress of their classmates and to the fact that they may prejudice the *morale* of the school, they should be removed from the ordinary school and educated in special schools or classes.

On 28th July, 1921, a list of 61 possible defectives was sent to the Executive Officer of the Education Authority. The list was made up of all young persons between the ages of 5 and 18, but was finally restricted to those between 5 and 16, and, by arrangement with the Roxburgh Education Authority, these children were examined by Dr. Clark, the School Medical Officer for that Authority. As the result of that survey, he certified 34 children as mentally defective, of whom 10 were imbeciles. In addition, the survey showed that 6 other children were already certified and in institutions. As a number of possible mental defectives were—for one reason or another—not examined, it may be taken that there are over 40 mentally defective children in the County, *i.e.*, at least 1 % of children of school age are mentally defective. Of these children, about ten had never been at any school, and none of the imbeciles were in attendance at school, although one had not long left school.

The survey also brought to notice 6 children with epilepsy or paralysis of varying degree, or both, and also a cretin. Some of these children could do absolutely nothing for themselves. On the advice of Dr. Clark, the cretin and one other case were taken to the Sick Children's Hospital.

Other classes of children besides the mentally defective fall to be dealt with. The figures given show the number of mentally backward and educationally retarded children submitted by the teachers, who often are occasioned much anxiety and trouble by such children. Some may possibly be really mentally defective; others from their home circumstances as *e.g.*, bad feeding, others from disease, have never had a chance, but in the case of many, a deficiency in intelligence does not permit them to keep pace with their brighter class-mates, and, as a result, only too often both classes suffer

SPECIAL SCHOOLS AND CLASSES PHYSICAL EDUCATION, ETC.
ARRANGEMENTS FOR FEEDING OF CHILDREN.

These were fully reported on in my last Report.

MEDICAL TREATMENT.

In the school year 124 children were examined by Dr. Sym; in 9 cases children did not come forward for his examination. In some of the cases examined, an operation or some other action was advised at a future time. In one case Dr. Sym operated upon a very disfiguring case of squint in the Eye Infirmary. Of the cases put before him, a considerable number required medical or other drug treatment and not spectacles. One very pleasing feature was that in one district of the County no fewer than 10 children under 5 years of age were examined and treated for squint under the joint arrangement of the Child Welfare Committee with the Education Authority.

Squint is responsible for a large number of school children who have almost or entirely lost their vision in the eye affected. The condition is generally due to farsightedness in one of the eyes. The child learns—generally while an infant—to disregard the bad eye, which may turn in or out. The power to focus in this eye is gradually lost, and if proper glasses be not soon obtained the result is, at length, partial or complete blindness. To save the eye, glasses are essential; but they must be worn constantly for years. The idea is to correct the vision, so that both eyes will function together—straight, in this way not only preserving the sight of the squinting eye, but re-educating it to move with its fellow. It is a difficult matter, I know, to get young children to wear spectacles continuously, but, without operation, it is the only way.

Amongst the cases examined by Dr. Sym were:—blepharitis, constant headaches, squint, corneal ulcer, staphyloma, keratitis, ptosis, cataract, hyperphoria, nebula, and coloboma.

Dr. Sym writes—

“I have no lengthy report to give as to the condition of the eyes of the children who were brought before me in Berwickshire as having sight which was distinctly below par. In the majority of instances the fault was purely optical; that is to say the focus of the eye was “out,” the power of refraction was either too high, too low, or irregular. Where the error is of moderate degree, it is usual that sight may, by optical means, be brought up to normal standard, but it is not difficult to understand that where the error is high in degree the departure from normal is so great that even the most precise correction leaves the visual power below what one would desire. There is always a residuum of cases of this sort, and Berwickshire does not entirely escape them. Also there were a few cases, very few, in which there was some actual morbid condition present in addition to the more optical defect,

where, of course, optical treatment could give a moderate improvement only. There was, at any rate, one case of very high shortsightedness, in which it will be needful for the little girl to receive her education largely by ear, and to save her sight for those matters solely which are actually essential. Beyond this there were very few really morbid cases.

"In a few instances of children with minor errors I thought best to order "no treatment." I am not one of those who believe that every child (or adult) with any error, however small, must wear correcting glasses. I take each case on its merits, and decide to the best of my experience what is the correct line of treatment. Oftentimes a little judicious arrangement of affairs may be more valuable than pairs of spectacles.

(Signed) WILLIAM GEORGE SYM, M.D "

Three children were also taken to hospital, one for cleft palate, one for ringworm, and one for impetigo of the head. In the ringworm case the boy had been absent from school almost continuously for nearly a year.

In the impetigo case, the child in her last school in the County only made 130 attendances out of a possible 326, and at the previous school she made 200 out of a possible 424.

EDUCATION (SCOTLAND) ACT, 1908, SECTION 6.

EDUCATION (SCOTLAND) ACT, 1913, SECTION 3.

A number of children were reported to the Authority under these Acts. Twelve children were reported as suffering from lack of food, and two children were reported on account of improper foot gear. Twenty-two other children were reported who were in my opinion unable to take advantage of the education offered owing to the following reasons:—

One case for extremely defective vision.

One case for incipient cataract.

Two cases for deafness, one of which had almost unintelligible speech.

Eleven were so seriously retarded educationally as to require special examination by a medico-psychological expert. Of these, three were since certified as mentally defective by Dr. Clark.

One, a girl, was reported on account of the verminous condition of her head.

Two were reported on account of bad eyesight, and as not having taken advantage of the Authority's oculist. The parents of one of these children were offered and refused the services of the oculist in the year 1917, in the year 1921, and again in the year 1922.

Four other children were examined by the oculist and certified by him as being unable to profit by the education offered, but in whose case parents have taken no steps to provide glasses.

In addition and exclusive of the above, three children were reported to the Education Authority under the operation of the Blind Persons' Act, as requiring special institutional education at the Royal Blind Asylum.

GENERAL MATTERS.

In my last year's report I gave statistics of lost attendances in Eyemouth and Birgham Schools. This year Mr. Chrystie of Eyemouth School supplied figures for lost attendances up to the end of May, and Mr. Thomson of Duns Public School has given complete figures for the year. These two sets of figures should be particularly taken notice of by the Authority if only for the reason that the Government grant is, I understand, paid on average attendance, so that there must be a very considerable avoidable loss of grant.

In the case of Eyemouth the figures are for the period from 1st September, 1921 to 31st May, 1922 only, but in the case of Duns they are for the entire year.

It will be noticed from the figures that the two schools have 80 and 84 per cent. of a total loss of attendance due to sickness, and both further agree that from 40 to 45 per cent. were uncertified by any medical practitioner. To this percentage should really be added a considerable proportion of those attendances lost under the heading "excluded under operation of public health acts," as children in that category are often excluded from school on account of non-notifiable diseases such as measles or whooping-cough, and are returned to school without any medical certificate having been obtained.

			EYEMOUTH SCHOOL. From 1st Sept., 1921, to 31st May, 1922.		DUNS SCHOOL. Complete School Year, 1921-22.	
			Attendances Lost.	Percentages from speci- fied causes.	Attendances Lost.	Percentages from speci- fied causes.
Excluded under operation of Public Health Acts by M.O.H. or S.M.O.	...	...	783	10.3	5189	40.0
Sickness certified by medical practitioner	...	...	1909	25.1	500	3.9
Sickness uncertified by medical practitioner	...	...	3390	44.5	5180	39.9
Other causes	...	...	1525	20.1	2106	16.2
			7607	100	12975	100

There is no necessity to elaborate these figures. They show very clearly that if prevention of disease is to be the guiding principle of the Authority some notice must be taken of the large numbers of children absent from school—often for prolonged periods* and without medical attendance—with illnesses which, in many instances, provide recruits for the numbers intimated for defects in after years. Two of the commonest diseases which are responsible for these absences are measles and whooping-cough. Parents only too often look upon them as slight and not worth troubling about, and yet they are probably the most frequent causes of running ears, inflammation of the eyes, swollen tonsils and glands, debility, and may even lead to tuberculosis.

An instance of the damage which may be done can be cited in the Burgh of Coldstream where an outbreak of measles in September, 1921, continued till the beginning of November. In Coldstream School alone, exclusive altogether of children under five years of age, there were 111 cases. In the last outbreak of measles which occurred in this burgh a year or two before the war I visited the school one afternoon and excluded, so far as I can remember, about 80 children, all of whom had been returned to school after measles, and, owing to debility or other reasons, were quite unfit for school attendance. With a view to obviating that this time I instructed the Health Visitor for that district to follow up all cases reported to the teachers, and advise mothers and guardians how best to avoid the after effects which so often follow by hints on nursing, avoidance of chills, care of the eyes, and, in every case, if a medical practitioner was not in attendance the mother was to be advised to call him in. In forty instances, at least, the doctor was called in where otherwise the parents would not have considered it necessary. Practically all the children returned to school without any after effects, although 8 cases of inflammation of the eyes occurred, 3 of discharging ears, 4 cases of severe mal-nutrition, and 7 other cases of complication. Had it not been for the constant visiting of the Health Visitor and the treatment of the doctors who would not otherwise have been called in, there is no question but that a large number of these children would have come under notice in the school later on for more or less chronic conditions, all of which could have been, and should have been prevented. The visiting certainly took up a considerable portion of time which could not be repeated, but it was certainly worth the time spent on it.

The decision to refer all children absent from school from a possible infectious disease without a medical certificate to the School

* As this is being written, two names of school children have been sent in as having been absent from school for the entire year (405 possible attendances) owing to ringworm.

Medical Officer for examination by the nearest medical practitioner, will certainly help very largely to reduce the number of sequelae. Another means would be for the Authority to arrange that all cases of absence from reported sickness, where no medical certificate has been sent after a reasonable period, be visited by a Health Visitor. The statistics just given show without any shadow of doubt that in 80 to 84 per cent. of the absences from these two schools, the "Compulsory" or Attendance Officer can do no good whatever, so far as compelling attendance is concerned. If an Attendance Officer does "compel," then he is interfering with what he knows nothing about, and may be the means of sending children back to school improperly recovered from infectious or other diseases. The converse is equally true; he cannot interfere if the reason given is sickness, although that reason may only be the cloak for other altogether trivial reasons.

It is now ten years since I submitted to the Secondary Education Committee my first report on the result of medical inspection of school children in this county. The report was based on the work done under the scheme of the Committee, a scheme which did not include very much more than the actual medical examination of the pupils. Two age groups of pupils were examined, and the survey showed for the first time that of the school children in Berwickshire 9.4 per cent. were below average nutrition; no less than 62 per cent. of the senior girls were more or less verminous; 90 per cent. of the children had decayed teeth, and 18 per cent. of children about to leave school had defective vision.

For the three years which elapsed between the inception of the scheme and the outbreak of the great war, this scheme of medical inspection was carried out, and 483 children altogether were intimated to their parents as requiring medical attention for some defect or defects, and out of those 483 children personal inquiries showed that 209 received some measure of attention, although, in the great majority of cases, it was insufficient to put the child completely right.

These 483 cases, moreover, did not constitute the sum total of disease noted. Nine out of every 10 children had mouths with teeth more or less badly decayed. The condition was so prevalent that, with the total absence of facilities for treatment, practically no children were intimated to their parents on account of bad teeth except 18, whose position in life was such that I thought attention would be paid to the notice, but even out of those 18 only 6 children received any measure of dental treatment. 206 children were intimated for eyesight during these three years. Of that number 77 were taken to a doctor or an optician, but only a very few could be

said to be satisfactorily dealt with. In the case of discharging ears, a complaint in which the seriousness of the condition is rivalled by its objectionableness in school, 18 children were notified as requiring attention, of whom only 9 received attention, and out of the 18 not one child was cured.

During the school year, 1913-14, the Secondary Education Committee instructed me to prepare a memorandum on the medical treatment of school children, in which I pointed out that the most widespread conditions requiring amelioration were defective teeth, defective eyesight, and discharging ears.

In connection with defective vision I recommended the appointment of a part time oculist, and, in the case of discharging ears, arrangements with general practitioners and nursing associations for the treatment of individual cases. Dental treatment I omitted, owing to the large amount of supervision and administration that would be required in connection with it.

The Executive Sub-Committee, however, considered that dental treatment was of such importance that it should be gone on with at once, and they proposed that centres for the treatment of teeth should be set up at Duns, Berwick-on-Tweed, and Coldstream. They also recommended the appointment of a part time oculist for treatment of refractive defects and a whole time school nurse. Owing to the war, however, these matters were held over.

Except for a certain measure of eye treatment in the year 1917, no organised scheme for ameliorating the mass of disease and defects was put in operation until the year 1921, when further arrangements were made for medical treatment of eye defects. During 1921 and 1922, 250 children have been medically examined by Dr. Sym from Edinburgh, and have received advice or medical or surgical treatment.

The most important advance, however, that has been made since 1911 does not lie in the eye treatment scheme, important though that be, but in the accurate surveys which have been made year by year, every year bringing to notice fresh evidence of disease or unfitness. This accurate knowledge has been largely made possible by the employment of women health visitors, who form the first link adopted by the authority between home and school, and also by the information gained from the Tuberculosis and Child Welfare Schemes.

Figures for conditions such as ear disease, deformities, etc., can be obtained directly from examination of the children at school, but the measures just referred to have been the means of bringing to notice numbers of unfit children hitherto unrealised. A large propor-

tion of those children have never been at school and their existence was unknown, or their attendance was so irregular that they escaped examination. For instance, for the year 1912 only two cases of tuberculous conditions amongst school children were known. Up to the present 41 cases have been brought to notice, and in some of those young people most successful cases of arrest have been made.

In the year 1912 the approximate total of mentally defective children in the county was estimated to be 9. This year Dr Clark has certified 34 cases, of whom 12 were not at school, and there were 6 others in institutions. Last year 3 blind children were reported, the existence of whom would not have been discovered so early had it not been for the home visits of a health visitor.

Last year, also as the result of a special enquiry, on 21st June alone, there were 8 children absent from Berwickshire schools with favus or ringworm for periods of absence ranging up to 26 weeks, and in the succeeding months 3 children were excluded.

For two years also accurate figures of school absences have been supplied, showing that the greatest proportion of lost attendances is due to sickness. The loss of attendance and the consequent loss of grant, is a minor consideration compared with the injury to health.

The handicaps imposed by ill-health in school children have been amply demonstrated. Last year one teacher had charge of a class which included :—

- 1 child completely deaf,
- 3 with extremely bad eyesight,
- 1 with cataract,
- 2 mentally defective.

What can possibly be expected educationally from such a class with these obstacles to progress?

It is not only those unfortunate children who suffer, but they form a hindrance to the efforts of the teacher and other scholars that ought not now-a-days to be permitted in any scheme of educational administration.

The old proverb was *Mens sana in corpore sano*.

With physically defective children all efforts at instruction are robbed of much of their value, and the children go out into the world handicapped. Within the last few years the exact extent of that handicap to the community and even its cost can be accurately shown.

“Out of every nine men of the group of two and a half million recruits examined by the National Service Medical Boards, three were perfectly fit and healthy; two were upon a definitely infirm plane of health and strength, whether from some disability or some failure in development; three were incapable of undergoing more than a very moderate degree of physical exertion, and could almost (in view of their age) be described with justice as physical wrecks, and the remaining man a chronic invalid with a precarious hold upon life.”

Translated into actual approximate figures, out of 2,500,000 men examined 830,000 were fit to fight; 550,000 were unfit for fighting services; 830,000 were definitely unfit; 277,000 were chronic invalids. In the last war these figures all but proved the undoing of Britain.

The results can be demonstrated in still another way by the fact that under the Insurance Act of 1911 sickness has to be paid for. It has not been realised that the expenditure of the approved societies in England and Wales on sickness and disablement benefits since the year 1913 amounts to £53,916,552, and but for the war, when a considerable proportion of the male insured were serving in the army, that figure would have been very considerably exceeded. There is every reason, therefore, for taking all measures to secure the physical fitness of children.

There is no royal road to the prevention of all this sickness and disease. Whilst the effects of sickness can now be observed as a whole, the measures of prevention can be put into force one by one.

In this County there should now be no case of a child attempting to learn while suffering from any defective eye condition, whether that be an error of refraction or more serious disease such as cataract, or corneal ulcer. With treatment facilities for ringworm and skin diseases, there should in future be no children with skin diseases absent from school for a year or longer, but that presupposes that arrangements are made by the Authority for such cases or suspected cases to be brought to my knowledge.

The Health Visitors have done their best to keep down verminous conditions, but the time which can be allotted to this work is insufficient, and in the interest of *morale*—if of nothing else—ought to be increased. There still remains, however, the most urgent problem—bad teeth, the treatment of less frequent conditions such as adenoids and discharging ears, the education of backward and mentally defective children, while nothing has been done to put in force the Education Department Memorandum on the teaching of Hygiene and Physical Training.

The destiny of this nation lies with its children. That a very large proportion of the present generation are C3 is no reason whatever why a similar proportion of the next generation should be the same. The present generation are trustees for the next, and if they fail in their duty towards their successors how can their successors be expected to implement their duty to them?

ANDREW A. McWHAN,
School Medical Officer.

COUNTY OFFICES,
DUNS,
16th September, 1922.

